



CITY OF MT. JULIET, TN
Planning & Zoning Division Project Submittal
ANNEXATION APPLICATION

Date Submitted: _____ Point of Contact Name _____

Email Address: _____ Phone: _____

Applicant : _____

Name: _____ Email: _____

Fax: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Property Details:

Project Name (if app.) _____

☐ YES ☐ NO

Location of Property : _____

Street Address: _____ Subdivision/Lot: _____

Map: _____ Parcel: _____

Legal Description (Metes & Bounds) *Attach property survey*

Is this property contiguous with the City limits of the City of Mt. Juliet? ☐ YES ☐ NO

Total Acreage: _____

Present Zoning: _____ Requested Zoning: _____

Present Land Use: _____ Requested Land Use: _____

Reason/Proposed Use for this request:

Proposed Sewer Capacities: _____

Sewer Available: ☐ YES ☐ NO

SIGNATURES ARE REQUIRED FOR SUBMITTAL

Applicant Name (printed)

Applicant Signature

Date

By signing below, I (we) hereby certify that I am (we are) the owners of the property shown and described

Owner Name (printed)

Owner Signature

Date